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PRIMARY HEALTH CENTRE

MINISTRY OF COMMUNITY DEVELOPMENT
GOVERNMENT OF INDIA

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ADUTHURAI

PREFACE

During my visits to various training centres and to the community development areas I have been asked a number of questions about the Primary Health Centre; its functions, duties of various members of the staff, equipment, etc. I have also been asked about the design, cost, etc. of the primary health centre. In this pamphlet, an effort has been made to answer these questions. In the preparation of this pamphlet, I have consulted some of the Administrative Medical Officers of the States and I am very grateful to them for their valuable suggestions. I must make it clear, however, that I have only suggested a pattern. The Administrative Medical Officers may modify this to suit their special requirements, if any.

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November, 1957.

PRIMARY HEALTH CENTRE

A Primary Health Centre is a small unit which provides an integrated form of medical care both curative and preventive to the people living in the area. Taking into account the paucity of trained personnel and limited financial resources, it has been decided for the present that a primary health centre will cater for about 100 villages with a population of about 66,000. The Centre will be located at a convenient place preferably at the headquarters of the Community Development/National Extension Service Block and will be the focus from where health activities will radiate into the area covered by the Development Block. This is the proposed pattern but the State Governments may modify this pattern to suit their special requirements, if any. The development of health services in the community development areas is the responsibility of the Administrative Medical Officer of the State concerned and as such the pattern of development in these areas must conform to the over-all pattern for provision of rural health services in the State. It must be emphasized here that the Development Commissioner is the coordinating authority only and the responsibility for the initiation and development of health programme rests entirely with the Medical and Health Department of the State concerned. The District Medical Officer of Health in whose area the block is situated will be responsible for the over-all supervision of the technical staff and services rendered by the primary health centre. He will also give technical advice when necessary.

Planning: As all the States have been demarcated into various blocks, it is expected that blockwise complete data regarding the existing medical and health services, irrespective of the fact whether they are administered by the State Government, local bodies, District Board or voluntary organizations, is available in the office of the Director of Health Services at the State headquarters and in the office of the District Medical/Public Health Officer at the district level. In those States where this information is not already available, efforts should be made to secure this data blockwise. With this information in hand, planning of the primary health centre and its maternity sub-centres with other health services should be completed by the end of the first year of the N.E.S. stage. This would involve first the siting of the primary health centre and maternity sub-centres. This means that a decision will have to be taken whether an existing dispensary, if suitable, has to be remodelled by additions and alterations or a new one has to be set up. It is expected that every State has blue-prints for a rural health centre and a sub-centre on the lines suggested in the 'Manual of Rural Housing' issued by the Government of India, Ministry of Works, Housing and Supply. Of course, certain alterations may have to be carried out to this draft plan to suit local conditions and availability of material. A type plan along with its approximate cost and quantity of building materials required is

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given in the appendices.

The building housing the primary health centre will have sufficient accommodation for a consultation room, diagnostic facilities, dispensary, minor operations and maternity and child health care. There will be six indoor beds attached to the Centre. To render prompt services, it would be necessary to provide residential accommodation for the staff because of all the extension work, medical care is one which is required throughout day and night.

Necessary action should be initiated to obtain sanction for staff, equipment, furniture, drugs and dressings, etc. Simultaneously steps must be taken to augment the existing training facilities or to establish additional training facilities in those States where there is shortage of staff.

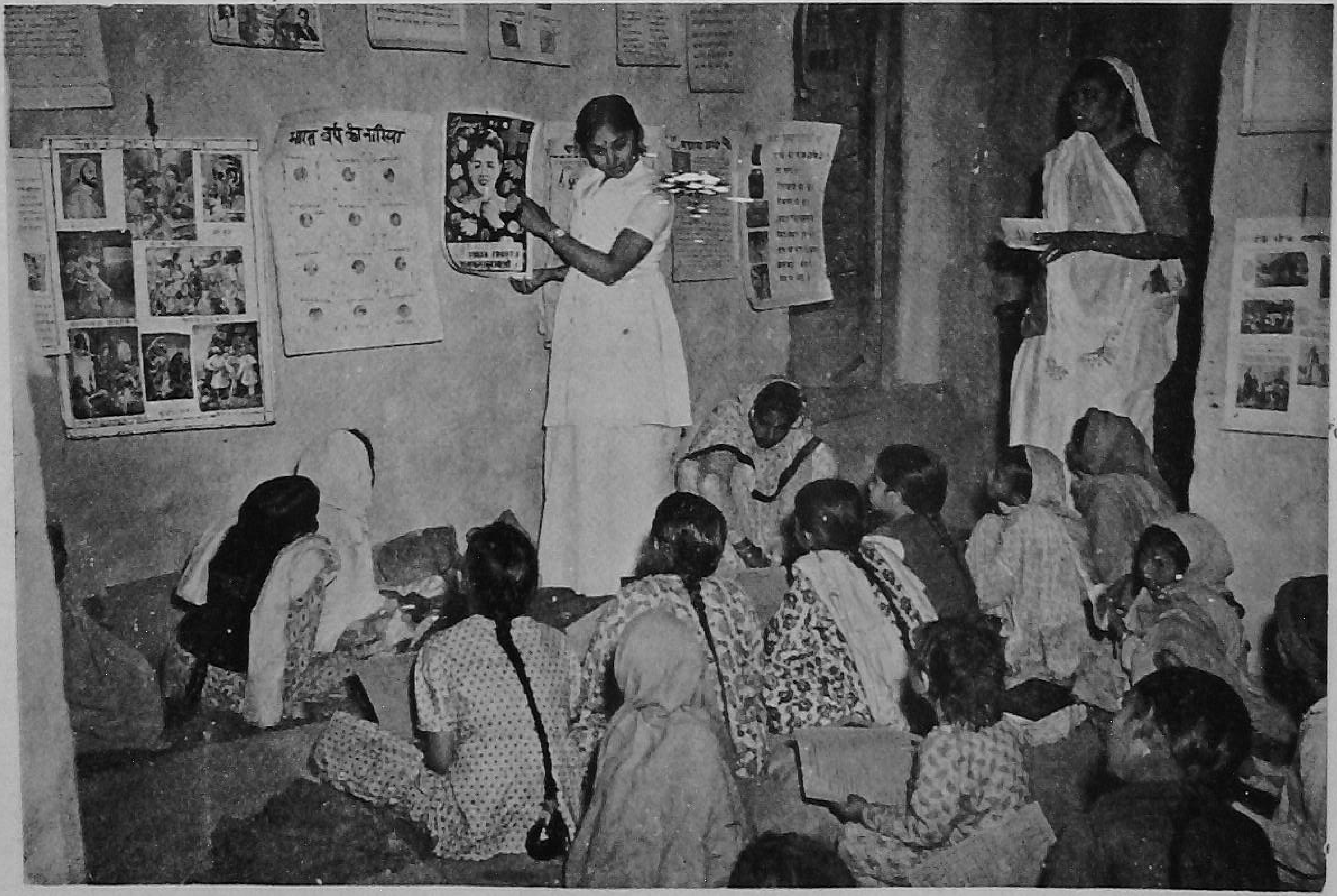
The whole planning must be so organized during the N.E.S. stage that the primary health centre and three maternity sub-centres with buildings, equipment, staff, etc. are ready to function immediately the block is converted into Community Development.

Function :—The main services that will be provided for the people from the Centre are :

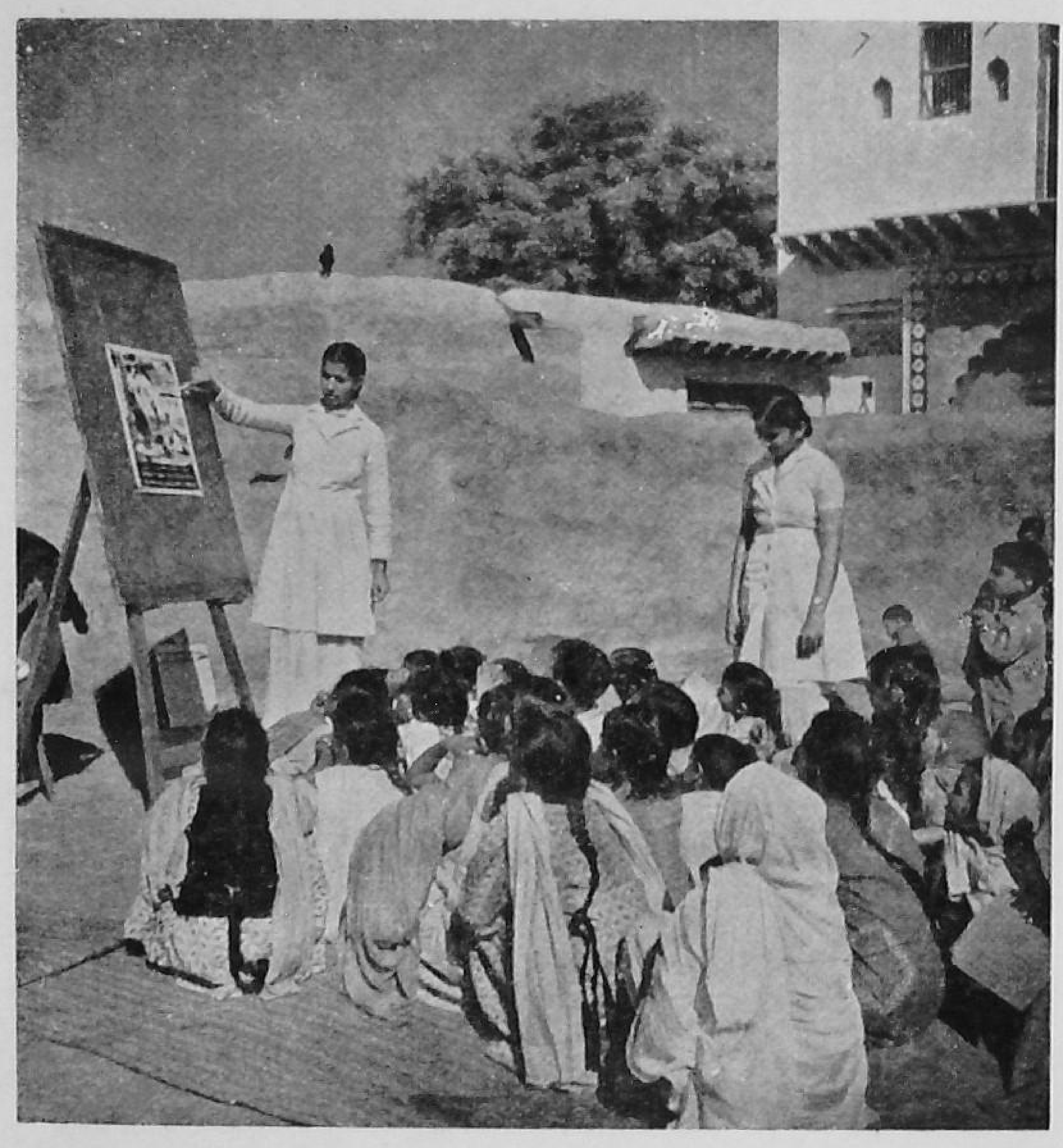
1. Medical relief
2. Maternal and child health care including family planning
3. School health
4. Health education
5. Environmental sanitation
6. Control of communicable diseases with priority for malaria
7. Collection of vital statistics.

Special services: Special health programmes initiated by the Central Ministry of Health on an all India basis for the control of malaria, filaria, leprosy, tuberculosis, venereal diseases, yaws, etc. which are being carried out by specialized units will be integrated in due course with health services of the primary health centre for maintenance.

Besides, the institutional care that would be available in the primary health centre, the main object of these health centres is to take medical care both curative and preventive to the people in their homes. For this purpose, it is essential that the medical as well as the ancillary staff should arrange a regular programme of visits to all the villages coming under their care. Under this programme every person living in the community development area, in time of an emergency, can secure the services of a doctor, free of all costs. The services can be secured by informing the village level worker who shall proceed to procure the necessary medical aid. It is the duty of the health staff to view the problem of health in its entirety without taking the narrow view of their relative duties and responsibilities. It is a team work for the development of better health and

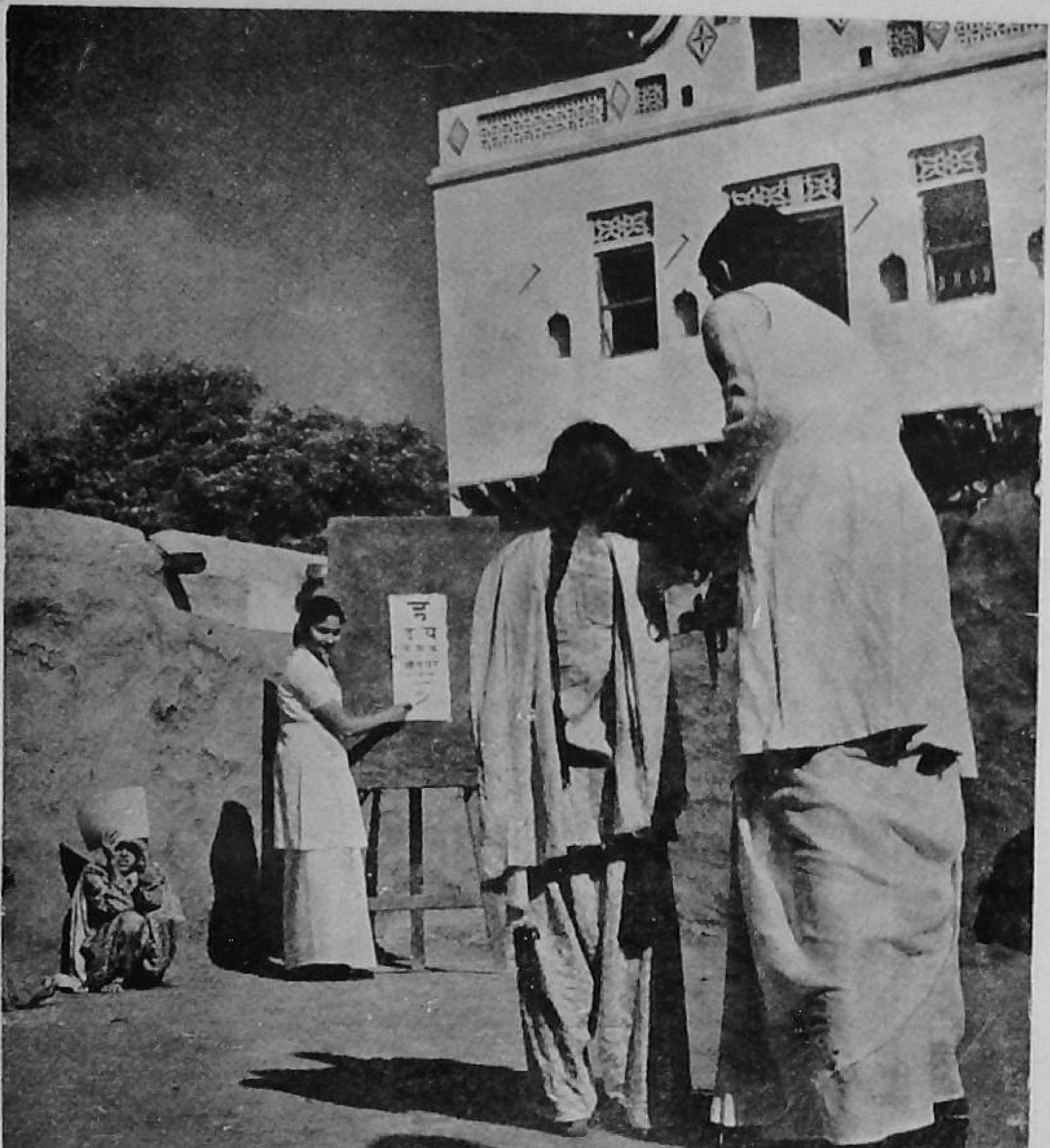


Health Education



Health Education

Health Examination
Height and Weight is being taken



Health Examination
of
School Children

creation of healthful environment in which there must be close coordination not only between the members of the medical and health staff but with other staff working in the community development area also. Here I would like to make a special mention of the village level worker. He is our key-man in the development of this multipurpose programme. During the period of his training in the Extension Training Centre, he is given an orientation in public health and environmental sanitation. He is in close touch with the villagers. He can be of great assistance to the medical and public health staff in the development of health programme. In some areas the village level worker has been the first person to give information about the occurrence of an infectious case or the prevalence of some specific disease.

The medical officer in charge of the primary health centre should also coordinate all the existing medical and health services in the block, irrespective of the fact whether they are being administered by local bodies, District Board or voluntary organizations. This is essential for better coverage and to avoid duplication of services.

Health Education :

Health education must form an essential part of the health programme. All the medical and health personnel employed in the community development area must take an active part in the dissemination of this knowledge so essential for man's well-being. In this effort, there must be full cooperation between the health and education personnel and such education must begin with the child and go right up to the adult. Every advantage must be taken of the personnel and equipment supplied for the social education programme.

School Health : It concerns child's growth and development—physical, emotional, intellectual and social. Health education in schools should be integrated with general education. School is an ideal place for inculcation of healthy habits and correct attitudes towards health. School health is concerned with physical examination of the children and correction of defects, if any, improvement of the environment in which children study, play and live. Adequate provision must be made for providing safe water supply, latrines and urinals. Nutrition of the children should receive special emphasis and as such arrangements have to be made for school feeding programmes.

For the improvement of environmental sanitation priority must be given for the provision of safe water and adequate disposal of human excreta. Arrangement for this will vary from area to area depending upon the local conditions and as such, it is recommended that the District Medical Officer of Health of the area must be consulted. He will supply the necessary plans, designs, etc. The District Medical Officer of Health will also be in a position to advise about the method of disposal of sullage water and about the construction of soakage pits, ventilators, smoke-less chullas (Magan Chulla), manure pits, pavement of lanes, etc.

The staff should have at their disposal correct vital statistical data based on surveys conducted by the Department of Health or by other Departments. This will give a fairly accurate picture of the

conditions present in the development area. On the basis of this, the medical officer in charge of the primary health centre will be able to base his future programme. Further, during the course of their visits, the health staff may come across certain cases suffering from specific diseases like tuberculosis, leprosy, filariasis, yaws, etc. Such discoveries will have to be followed up by more accurate and detailed survey with the help of the District Medical Officer of Health.

Staff :—The minimum staff that has been provided to attain the above objectives is mentioned below and this is to supplement the existing medical and health facilities in the area :

Medical Officer	1
Compounder	1
Lady Health Visitor	1
Midwives	4
Sanitary Inspector	1
Class IV staff	2

It is suggested that the lady health visitor and one midwife will be located at the primary health centre, while the other 3 midwives will be located at 3 maternity and child welfare sub-centres which will be set up at convenient places where the midwife can render prompt service to the people.

Transport :—Project Executive Officer/Block Development Officer must provide transport facilities to the medical and health staff, if the medical care is to be carried into the villages from the primary health centre.

Note :—It can rightly be criticised that the staff mentioned above is absolutely inadequate for the average population of 66,000 of the community development block, covering approximately 100 villages. Unfortunately, majority of the States are short of personnel as well as funds and even this much staff is not in position, although the programme has been in operation for the last five years. Training programmes are going on to increase the output of personnel, particularly, lady health visitors, auxiliary-nurse midwives and midwives. For adequate medical care, we will need nearly three times the staff mentioned above. In the meantime, State Governments are at liberty to employ more staff if personnel and funds are available.

Referral Services : A close liaison should be maintained between the primary health centre and the secondary health centre, sub-divisional hospital or the district hospital where specialist staff and services (X-ray, laboratory, etc.) are available. The medical officer in charge of the primary health centre will arrange for the free transportation of patients who require specialized treatment. This would automatically mean strengthening the existing services at these institutions. This may involve increasing indoor accommodation, staff and equipment.

Duties :

Medical Officer

1. The medical officer will be responsible both for curative and preventive health work. He will, therefore, not only

Inside the Mobile Medical Unit

Mobile medical units for rural areas

attend to the dispensary and the wards, but also supervise the work of the public health staff working in the villages in the block. In case of any serious cases which need specialized care, he will arrange to transport such cases to the hospital where those facilities are available.

2. He will tour the area to organize, direct and control different health activities.
3. He will visit a certain number of villages in the afternoon to render medical aid.
4. He will carry out health survey of the villages with the help of sanitary inspector and village level workers.
5. He will prepare advance programme of visits to villages for all the personnel working under him.
6. He will arrange for collection and maintenance of vital statistics and other records.
7. He will prepare indents for drugs, dressings, etc.
8. He will prepare and submit periodic returns as instructed by the Administrative Medical Officer of the State concerned.
9. In case of threatened epidemic, he will immediately contact the District Medical Officer of Health and render help in the control measures.
10. He will attend the meetings of the Block Advisory Committee and maintain a close liaison with other extension workers particularly the social education organizer.
11. He will arrange for the health education work in the area. For this, he will procure education material from the District Medical Officer of Health and make the best use of it through his sanitary inspector, education authorities and social education organizer.
12. He will be responsible for the development of school health programme and medical examination of school children and try to get the defects, if any, corrected.
13. He will maintain an inventory of all the equipment, medicines, surgical instruments, linen, furniture, etc. and check the inventory at specified periods.

Lady Health Visitor :

1. She will be responsible for the development of maternal and child health services in the block.
2. She will conduct ante-natal clinics, and well-baby and toddlers' clinics at the primary health centre and at the maternity sub-centres.
3. She will arrange to give group talks to expectant mothers. During these talks she will lay stress on personal hygiene, nutrition and environmental sanitation.

4. She will carry out 'home visits' when not conducting clinics at the primary health centre or the maternity sub-centre During these visits in addition to giving advice abo maternity and child health, she will demonstrate simple procedure to relieve conditions such as lousiness, scabies, sore eyes, etc.

5. She will visit once a week on fixed days each of the three maternity sub-centres. During these visits, she will conduct ante-natal and well-baby clinics.

6. She will advise on Family Planning.

7. She will observe and supervise the work of the midwives and dais. For this purpose, it will be necessary for her to observe them conduct one or two deliveries in the homes.

8. She will observe the midwife/dai during the clinic session and help her improve her technical and human relationship skills.

9. She will respond to an urgent call from the midwife/dai.

10. She will scrutinize and approve the order for supplies and equipment by the midwives.

11 She will ensure that ante-natal and post-natal cards are maintained for mothers, and infants and toddlers' cards for the children.

12. She will be responsible for maintenance of records, pre tion and submission of reports and returns.

13. In abnormal cases, she will arrange for the transport to expectant mothers to the hospital.

14. She will see that adequate equipment is provided and maintained for maternity and child care.

15. She will help in the training of indigenous dais.

16. She will help in the development of school health programme and assist the medical officer in the medical examination of girl students.

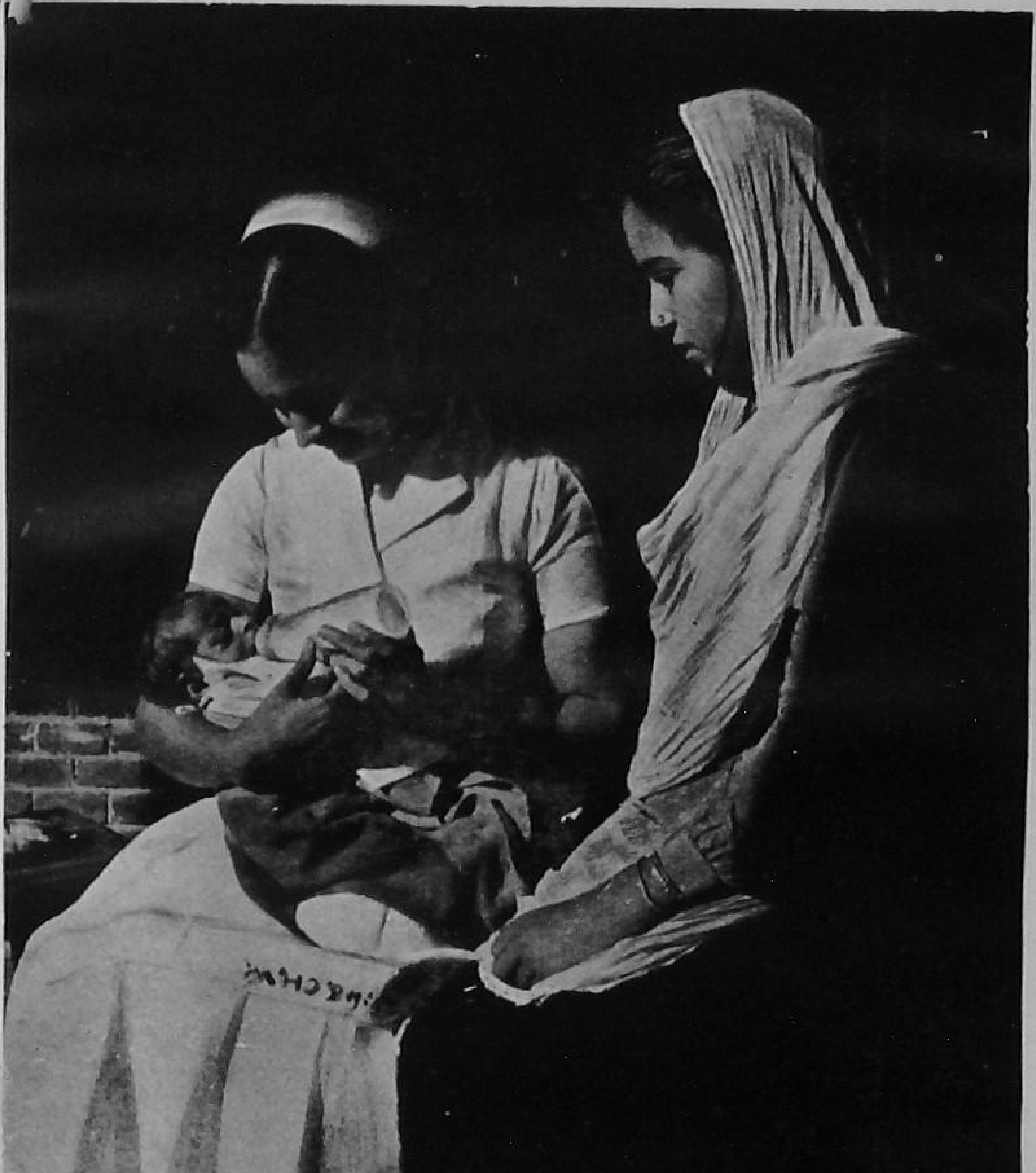
17. She will hold staff conferences with the midwives and dais once a month.

18. She will give an evaluation report of the work done in th field of maternal and child health.

19. She will maintain an inventory of all the equipment, instruments, furniture and other articles required for maternity and child welfare work and check the inventory at specified periods.

Midwife :

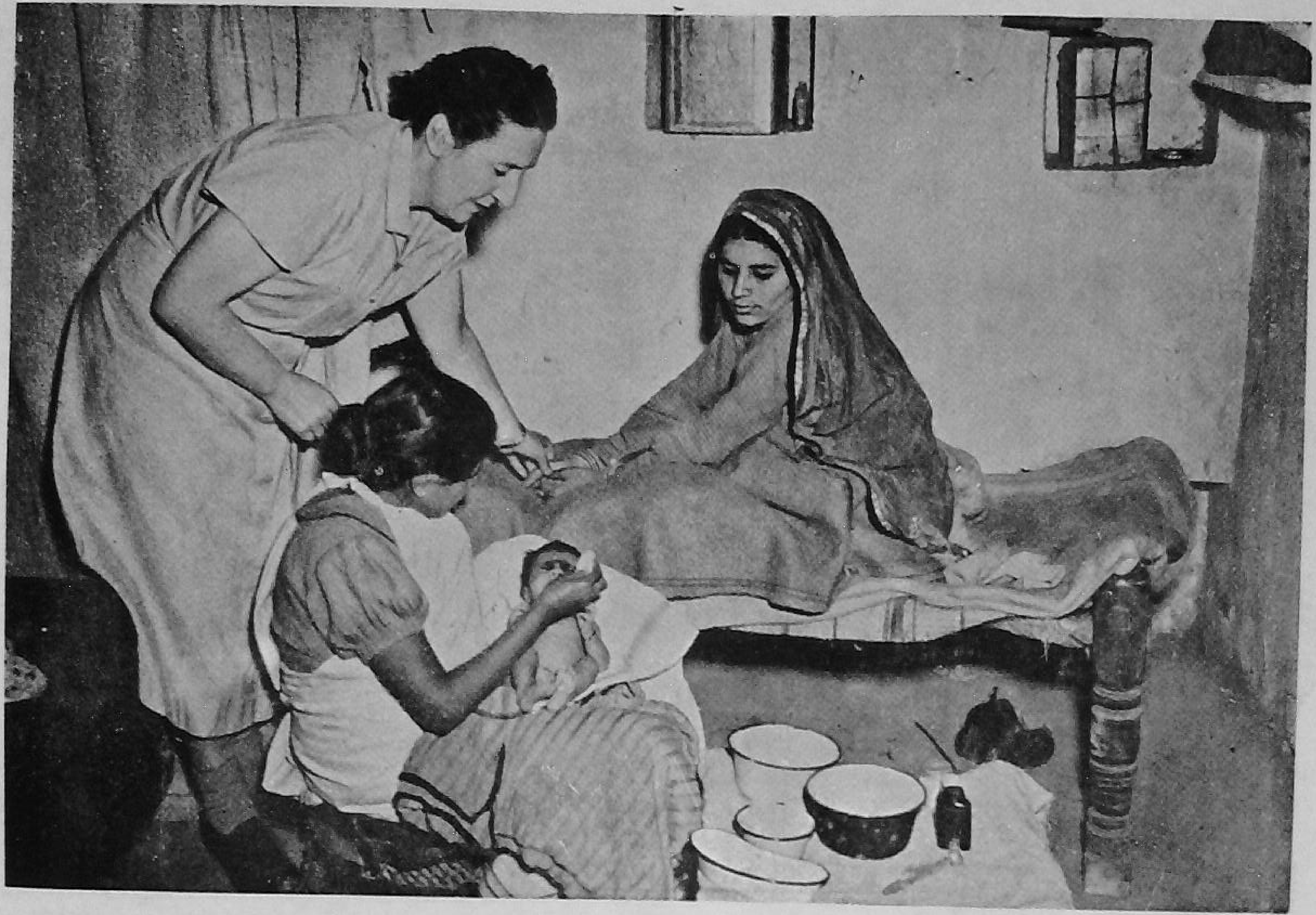
She will work under the over-all supervision of the lady health visitor. She will try to gain the confidence and co-operation of the people where she is working. She will take particular care to make



Mother being taught the use of feeding bottle to supplement the inadequacy of breast milk

Father being taught to look after the baby during mother's illness

First-aid during Home visit



Home Nursing

friends with the local untrained dais and encourage them to come to the Centre and train them in better methods and techniques in conducting deliveries. She should even accompany the local dais when they go for conducting labour cases in homes. There will be a number of cases who, even though, have been receiving ante-natal care at the Centre, will probably send for the local untrained dai at the time of delivery. In such cases, the midwife should not hesitate to pay post-natal visits to mothers. Her duties are :

1. During home visits, she will contact expectant mothers and encourage them to come to the Centre.
2. She will help the lady health visitor on days of her visit to the Centre for clinics.
3. She will keep records of her work and submit returns as and when asked for.
4. She will help in the training of indigenous dais.
5. She will take part in health education programme during home visits and when mothers come to the Centre.
6. She will maintain a register of all the equipment and other materials supplied to her.

Sanitary Inspector :

He will work under the general supervision of the medical officer in charge of the primary health centre. His duties are :

1. He will assist the medical officer in carrying out health surveys of the villages in the block.
2. On the basis of the survey, the medical officer will plan out a programme and the sanitary inspector will be responsible for its execution.
3. He will collect and consolidate vital statistics and submit returns to the medical officer.
4. He will be in charge of the over-all environmental sanitation programme in the block.
5. He will help in the supervision and construction of wells, rural latrines and urinals, smokeless chullas (Magan Chulla), soakage pits, payment of streets, etc. For this purpose, the sanitary inspector must be in possession of 'Blue-prints' of all the above items which can be procured from the District Medical Officer of Health of the area.
6. During his tours, he will visit schools for looking into the environmental conditions. He will also arrange to give health talks in these schools.
7. He will carry out all measures for the control of communicable diseases under the instructions of the medical officer, *i.e.* immunisation against smallpox, cholera, plague, etc. and disinfection of wells and homes, when necessary.

8. He will undertake control measures against fly and mosquito nuisance and will be responsible for spraying of residual insecticides. In fact he will be responsible for all vector control in his area.

9. He will bring to the notice of the medical officer cases of leprosy, tuberculosis, filariasis, yaws, if any and take measures for their isolation and treatment as directed by the medical officer.

10. He will carry out health education programme in the block and will seek the assistance of the village level workers, social education organizer and school teachers in this programme.

11. He will carry out health education progromme at all melas, yatras, etc. In fact he will take advantage of any gathering of the people any where in his block.

12. He will procure health education material like posters, leaflets, pamphlets, cinema slides, flash cards, etc. from the District Medical Officer of Health through the medical officer in charge of the primary health centre.

13. He will maintain a stock ledger concerning his section. *i.e.* for all the furniture, equipment and other materials received from the medical officer.

14. He must gain the confidence, cooperation and participation of the people in the block if he has to make a success of his job.

15. He will maintain close liaison with the social education organizer and village level workers who can help him considerably in all his duties. The village level worker is in close touch with the villagers and is in a position to interpret the 'felt-needs' of the people in the field of environmental sanitation.

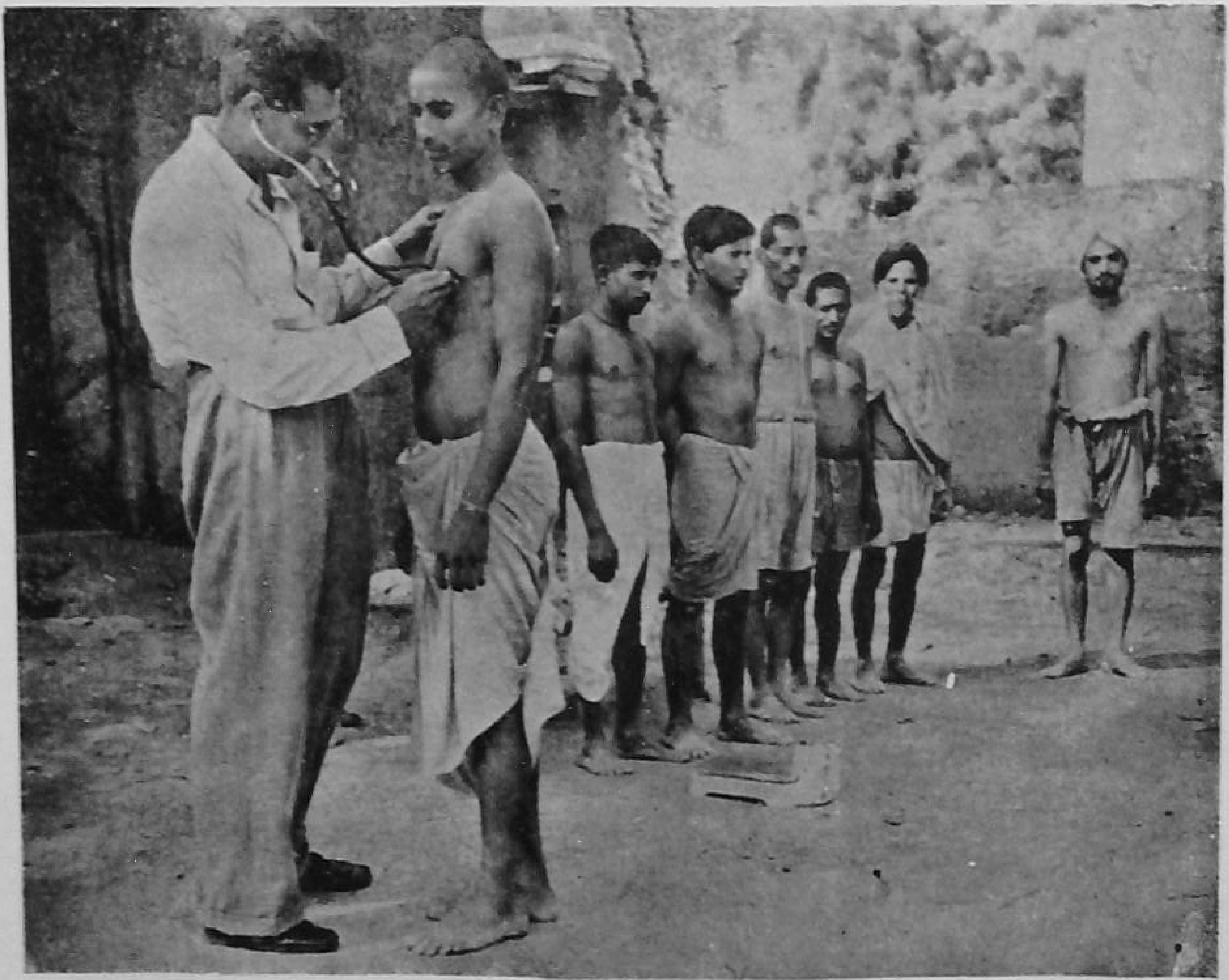
16. He will organize Village Health Committees and maintain close liaison with other voluntary organizations that may be present in his area with a view to securing their assistance in the execution of his programme.

Equipment and Furniture

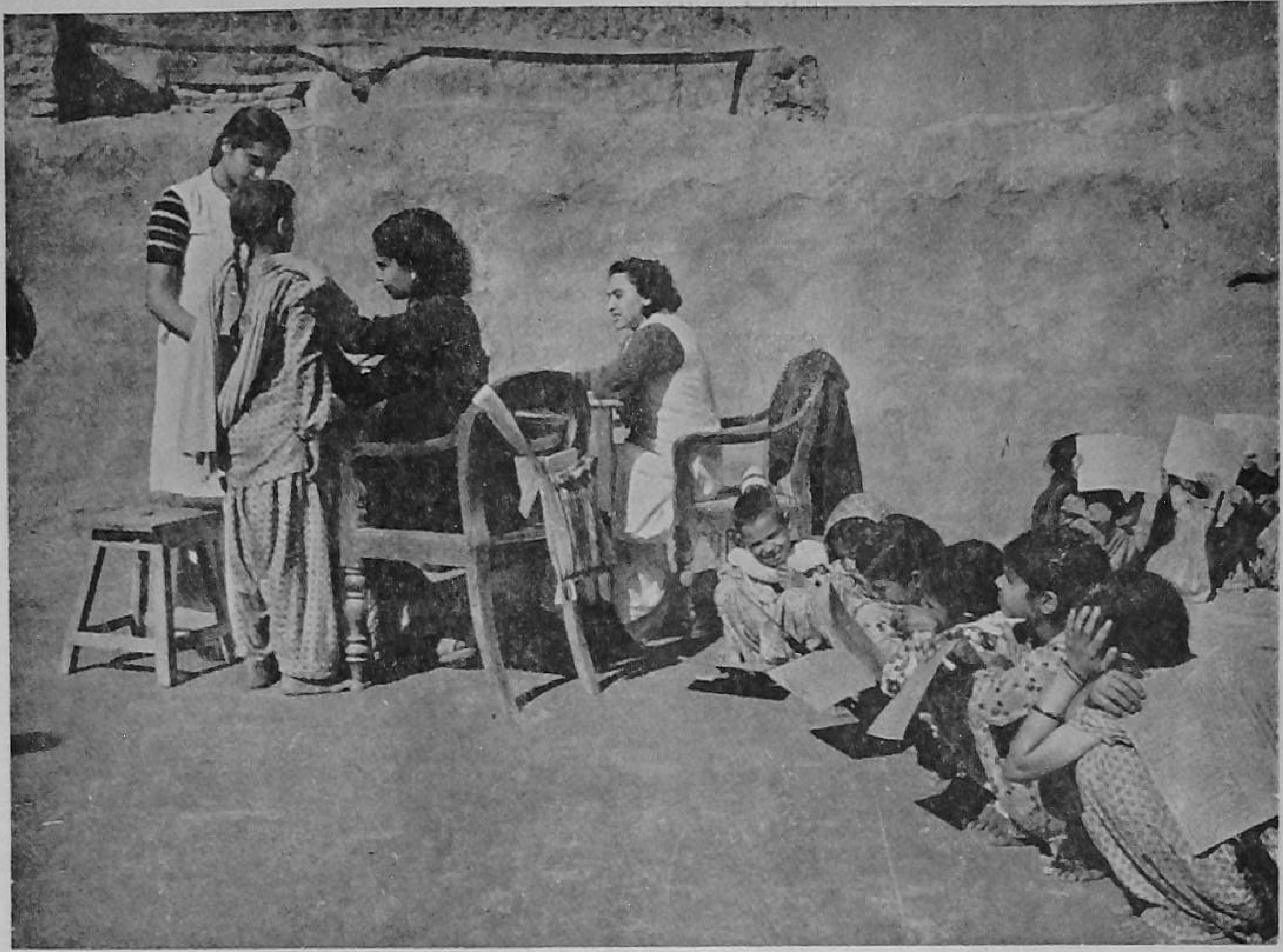
Lists of surgical instruments and furniture considered necessary for the primary health centre have been given in the appendices. The Administrative Medical Officers can amend these lists to suit local requirements.

Vaccination

Delousing Operation



Health examination at the Primary Health Centre



Health Examination of School Children

APPENDICES

FURNITURE

Consultation Room

I.	Examination table 72"x30"x36"	1
2.	Office table with drawers	1
3.	Office chairs with arms	4
4.	Side tables	2
5.	Towel rack	1
6.	Stools wooden	2
7.	Stool revolving	1
8.	Benches wooden	3
9.	Screen	1
10.	Racks wooden	2
11.	Trays wooden	2
12.	Wash-hand stand complete with E.I. Basin, Jug and soap dish	1

Dispensing Room

1.	Dispensing table with zinc top and counter	1
2.	Almirahs 7'×4'×2'	2
3.	Stools	2

Dressing and Minor Surgery Room

1.	Operation table ordinary	1
2.	Screen folding	1
3.	Dressing trolly	1
4.	Table dressing	1
5.	Teapoys	2
6.	Stools	2

Waiting Room for patients

1.	Benches	4

Store Room

1.	Almirahs large wooden 7′×4′×2′	3
2.	Teapoy	1
3.	Stool	1
4.	Office table with drawers	1
5.	Chair	1

Maternity and Child Welfare Room

1.	Office table with drawers	1
2.	Chairs with arms	2
3.	Stools	4
4.	Examination table 72″×30″×36″	1
5.	Foot-step for table	1
6.	Wash-hand stand complete with E.I. Basin, Jug and soap dish	1
7.	Rack wooden	1
8.	Small tables	2
9.	Almirah	1
10.	Card boxes	2

Ward

1.	Beds	6
2.	Bed-side lockers	6
3.	Almirah medium size 6′x3½′x1½′	1
4.	Stools wooden	6
5.	Screens wooden	2
6.	Tables small wooden 3′×2′×2½′	2
7.	Office table with drawers	1
8.	Towel stands	4
9.	Wheel chair	1
10.	Table dressing	1
11.	Instrument and dressing trolly	1
12.	Screen folding for ward	1
13.	Wash-hand stand complete with E.I. Basin, Jug and soap dish	1
14.	Chart holders	6

15.	Dust bins with lids	4
16.	Commodes complete	2
17.	Hamams for heating water	2
18.	Face Mirror	1
19.	Tubs (2-maund capacity)	2
20.	Stand for douch enema	1
21.	Foot mats	6
22.	Stretcher	1
23.	Water buckets	2

Duty Room

1.	Office table with drawers	1
2.	Office chair with arms	1
3.	Side racks	2
4.	Stool wooden	1
5.	Almirah large wooden 7′ × 4′ × 2′	1
6.	Cupboard for medicines medium size	1
7.	Meat safe	1
8.	Wash-hand stand complete with E. I. Basin, Jug and Soap dish	1
9.	Towel stand	1
10.	Teapoy	1

LIST OF EQUIPMENT FOR A PRIMARY HEALTH CENTRE

Consultation and Diagnonsis

Medical Officer's Consulting Room

1.	Examination table (metal)	1
2.	Instrument tables (metal)	2
3.	Scales, adult, with height stand	1
4.	Scales, infant	1
5.	Sterilizer, small instrument. stainless steel 13″ × 5″ × 4″ for use over kerosene or charcoal stove	1
6.	Refrigerator, kerosene or operated 5 cu. ft. electrolux or similar	I
7.	Eye charts snellen, E type	2
8.	Hemoglobin scales, Tallquist	2
9.	Stethoscope	1
10.	Percussor hammer, hard rubber	1
11.	Sphygmomanometer	1
12.	Oto. opthalmic set	1
13.	Pelvimeter	1
14.	Tongue depresser, metal, set of 3, varied sizes	1
15.	Speculam vaginal, small bi-valve	1
16.	Syringes, hypodermic 2 cc	2
17.	Syringe, hypodermic 10 cc	1
18.	Needles, hypodermic 24 g × 1″	6
19.	Needles, hypodermic 22 g × 1½″	6
20.	Thermometers clinical, mouth	2
21.	Mirror mouth	1
22.	Torch electric	2

Laboratory

1.	Microscope monocular, mechanical stage, optics for magnifications 50 × -97 x	1

2.	Urinometer	1
3.	Hemoglobinometer, Sahli	1
4.	Hemacytometer	1
5.	Centrifuge, hand operated, 2 tube type	1
6.	Clini-test, laboratory type (for testing sugar in urine)	1
7.	Test-tubes 6″ × 1″	2 doz.
8.	Test-tube clamps	3
9.	Microscope slides	2 doz.
10.	Bottles, glass stoppered (for lab. chemicals 8 oz size)	4
11.	Bottles, dropper type, 2 oz	4
12.	Bottles, urine specimen	1 doz.
13.	Test-tube rack, 6 place, white enamel	1
14.	Test-tube brush	2
15.	Burner, alcohol, 4 oz	1
16.	Burner wicks for above	12
17.	Flask glass, conical	6
18.	Spirit lamps	3
19.	Glass rods	6
20.	Funnels, pyrex glass	2
21.	Sterilizer, instrument, size 13″ × 5″ × 4″, stainless steel	1
22.	Sharpening stone	1
23.	Bowl, solution, stainless steel, 6″	2
24.	Stove primus	1

Dispensary

1.	Sterilizer, white enamel, 18″ × 8″ × 5″ use over kerosene or charcoal stove	1
2.	Graduated measure glass, 6 oz	2
3.	Graduated measure glass, 8 oz	2
4.	Graduated measure, stainless steel, 1 pt.	1
5.	Funnels, pyrex glass, varied sizes	3
6.	Bottle brushes	2
7.	Funnel, stainless steel	1

8.	Slab ointment, graduated 8" size	1
9.	Stirring rods, glass	4
10.	Spoons, 10"	2
11.	Scale, dispensing, pharmacist, with weights, etc., complete	1
12.	Pestle and mortar, standard size	1
13.	Funnel, pyrex glass 4/7/8"	1
14.	Funnels, stainless steel 4/7/8"	2
15.	Spatula for mixing ointments and powders	1
16.	Medication bottles, glass stoppered wide mouthed (32 oz.) capacity	8
17.	Soap dish, stainless steel	1
18.	Receptacle, waste steel removable basket step on	2
19.	Mini-measure, glass, one oz. size	3
20.	Scissors ordinary	1

Surgical and Obstetrical Theatre

1.	Dental extracting forceps, set of 3 stainless steel varied type and size	1
2.	Mirror, head, 3½ dia glass, with head band	1
3.	Forceps, hemostatic straight, stainless steel	3
4.	Forceps, hemostatic, curved stainless steel	3
5.	Forceps, sponge, stainless steel	2
6.	Forceps, thumb, stainless steel	2
7.	Forceps, vulsellum, straight stainless steel	2
8.	Knives, operating, stainless steel	2
9.	Scissors, bandage, stainless steel	2
10.	Scissors, surgical stainless steel	2
11.	Speculum, vaginal, bi-valve, medium stainless steel	1
12.	Retractors, vaginal 3", stainless steel	2
13.	Needle holders, stainless steel	1
14.	Syringes, hypodermic, 2 cc	4
15.	Syringes, hypodermic, 10 cc	3
16.	Needles hypodermic 24 g×1"	4
17.	Needles hypodermic 22 g×1½"	3
18.	Catheter, urethral, male, metal sizes 16 and 18 French	2

19.	Catheter, female, metal size 12, French	1
20.	Catheter, ruber, two dye, solid tips, small medium large	3
21.	Droppers, medium, bent	24
22.	Eye wash glasses	2
23.	Kit-suture assortment, sterile sutures, with needles 2 with 3/8 circle needle, 2 with ½ curve needle	4
24.	Pencils, skin, marking black	2
25.	Mask, anaesthesia	1
26.	Thermometers, clinical mouth	4
27.	Thermometers, clinical rectal	6
28.	Gloves, surgical, size 6½	6
29.	Gloves, surgical, size 7½	6
30.	Sheeting, plastic, 36" wide	3
31.	Finger cots, reinforced	4 doz.
32.	Operation table (field type)	1
33.	Enamel stools, revolving	2
34.	Instrument table, mental covered (medium size)	2
35.	Pressure, sterilizer with stove and drum, stainless steel type with cooks, guages, etc.	1
36.	Soap dish, stainless steel	1
37.	Sponge bowl, 4", stainless steel	6
38.	Tray, instrument, covered 6×3½×2, stainless steel	3
39.	Jars, dressing stainless steel	4
40.	Bag, obstetrical for the doctor	1

Ward

1.	Enema can, stainless steel with handle	1
2.	Tubing for enema can	12 ft.
3.	Nozzle hard rubber infant	2
4.	Nozzel hard rubber adult	2
5.	Syringe infant-enema bulb type	1
6.	Sheeting plastic 36" wide	3
7.	Connection glass to fit enema-can	4
8.	Clamp for enema-can nickel plated	2

DESIGN FOR A PRIMARY HEALTH CENTRE

Plan No. 12 shows a design for a Primary Health Centre to meet the requirements of proper medical treatment of the villagers. The following provisions have been made for the treatment of indoor and out-door patients :—

Separate waiting halls for men and women ;

Doctors' room;

Antinatal room;

Dispensary;

Dressing room;

One four-bed ward;

One two-bed ward;

Duty room ; and

Office-cum-store.

The building has been designed with wide verandahs in order to provide ample ventilation. It can be constructed with local materials and the roof can be sloping with A.C. sheets, country or manglore tiles ; or a flat roof according to climatic conditions.

The cost of the building will vary from Rs. 8,500/- to Rs. 12,600/- at different places, for good specifications depending upon the local prices of materials and labour. If the labour is provided free by the villagers, the cost will vary from Rs. 4,250/- to Rs. 6,300/- for a semi permanent structure.

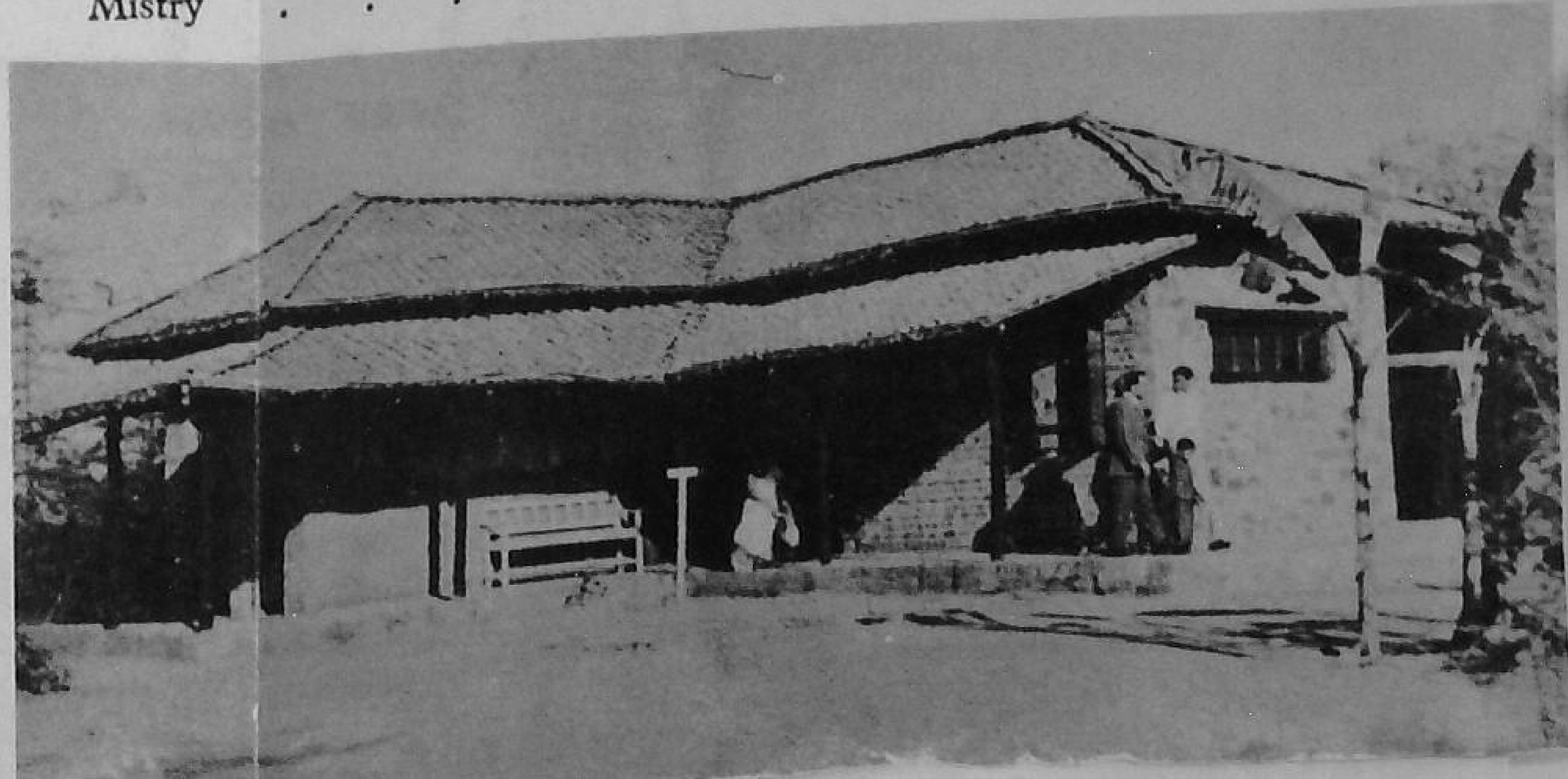
The approximate requirement of materials and labour for this building is given below :—

Materials :—

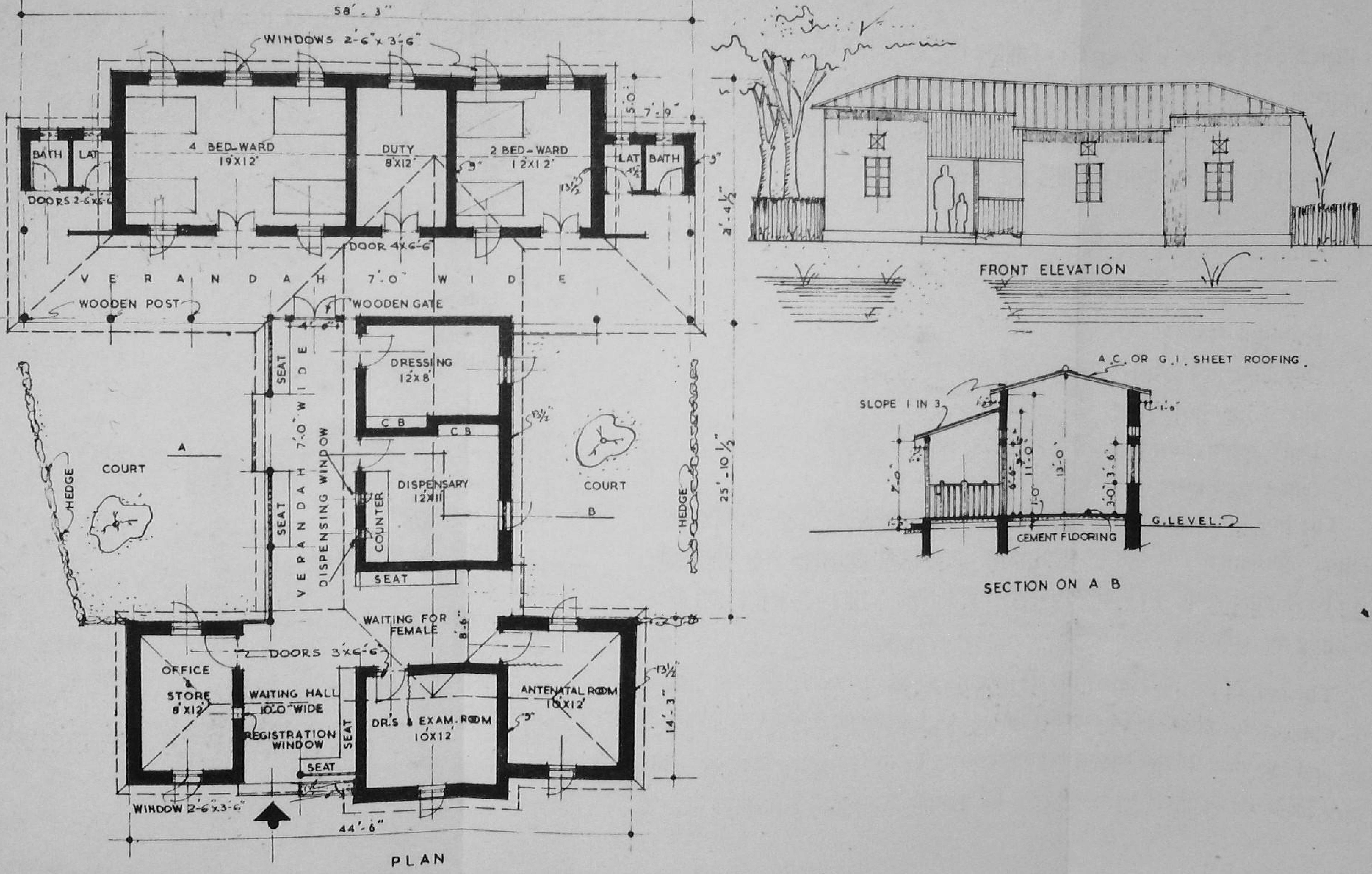
Cement	2·5 tons.
Lime	300 cft.
Sand	1000 cft.
Brick ballast 1½" gauge	970 cft.
Bricks	73,000 Nos.
Stone ballast ½" gauge	180 cft.
A. C. Sheets	3,440 sft.
A. C. Ridging and valleys	73 pairs.
Salwood	89 cft.
Soft-wood	173 cft.
Solignum	9 gallons.
Hold Fasts	142 Nos.
Sal-ballies 6" dia.	242 Rft.

Labour :—

Masons	9 Nos. for 30 days.
Beldars and coolies	19 Nos. for 30 days.
Bhisties	2 Nos. for 30 days.
Carpenters	5 Nos. for 30 days.
Painter	1 No. for 15 days.
Mistry	1 No. for 10 days.



This building is the health centre which can be constructed in any village with local materials. Note the blending of materials, namely, bricks, stone and wood to give a pleasing and harmonious appearance.



DESIGN FOR A PRIMARY HEALTH CENTRE

(WITH 6 BEDS)

SCALE 0 2 4 6 8 16 24 32 IN FEET

DRG. NO. 12.